

# Goodyear Police Department Citizen Police Academy APPLICATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(first) (middle) (last)

Other Names Used: \_\_\_\_\_

Reason for other name use:\_\_\_\_\_

Address: \_\_\_\_\_ (city, state, zip)

Phone Number\_\_\_\_\_DOB:\_\_\_\_\_SSN#:\_\_\_\_\_

Driver's lic#: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Have you ever been charged, arrested, or convicted of any crime?      Yes      No

Please briefly explain your interest in the Citizen's Academy:

List person to be contacted in case of emergency during your attendance at the Citizen's Academy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*YOU WILL BE NOTIFIED UPON BEING SELECTED FOR THIS SESSION\*\***

**To ensure customer privacy, mail or deliver to:  
Goodyear Police Department, 1111 S. Litchfield Road, Goodyear, AZ 85338**

\*\*\*\*\**Do not write below this line*\*\*\*\*\*

Date Received: \_\_\_\_\_ NCIC/ACIC \_\_\_\_\_

Dr.Lic# \_\_\_\_\_ OP# \_\_\_\_\_ ACCH \_\_\_\_\_